

**QUALITY ASSURANCE REPORT (QAR)
DAILY LOG OF CONSTRUCTION - CIVIL**
(ER 1180-1-6)

THE OCR WILL BE ATTACHED TO
OR FILED WITH THE QAR.

REPORT NUMBER

TO

DATE

PROJECT

CONTRACT NUMBER

CONTRACTOR (Or hired labor)

WEATHER

PORTION OF SCHEDULED DAY SUITABLE FOR OPERATIONS

TEMPERATURE

STRUCTURAL EXCAVATION	BORROW EXCAVATION	EMBANKMENT	CONCRETE	STRUCTURE
%	%	%	%	%

MINIMUM	MAXIMUM
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HAS ANYTHING DEVELOPED ON THE WORK WHICH MIGHT
LEAD TO A CHANGE ORDER OR FINDING OF FACT? ☐ NO ☐ YES (Explain)

24 HOUR PRECIPITATION

INCHES	ENDING
	M

NUMBER OF GOVERNMENT EMPLOYEES

RIVER STAGE

SUPERVISORY	OFFICE	LAYOUT	INSPECTION	TOTAL	LABOR
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FEET	TIME
	M

NUMBER OF CONTRACTOR'S EMPLOYEES

NUMBER OF SHIFTS ☐ 1 ☐ 2 ☐ 3

SUPERVISORY	SKILLED	LABORERS	TOTAL	FROM	TO	FROM	TO	FROM	TO
				M	M	M	M	M	M

FROM	TO	FROM	TO	FROM	TO
M	M	M	M	M	M

Attach list of the following: (a) Major items of equipment either idle or working, and (b) Number and classification of contractor personnel onsite.
Note: If the contractor's Quality Control Report (QCR) contains the information it need not be repeated.

CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

WORK PERFORMED TODAY: (Indicate location and description of work performed. Refer to work performed by prime and/or subcontractors by letter in Table above.)

Days of no work and reasons for same:

Information on progress of work, causes for delays and extent of delays, Plant, material, etc.

CQC CONTROL PHASES ATTENDED AND INSTRUCTIONS GIVEN:			
RESULTS OF QA INSPECTIONS AND TESTS, DEFICIENCIES OBSERVED, ACTIONS TAKEN AND CORRECTIVE ACTION OF CONTRACTOR. INCLUDE COMMENT PERTAINING TO CONTRACTORS CQC ACTIVITIES			
VERBAL INSTRUCTIONS GIVEN TO CONTRACTOR: <i>(Include names, reactions and remarks)</i>			
CONTROVERSIAL MATTERS IN DETAIL:			
INFORMATION, INSTRUCTIONS OR ACTIONS TAKEN NOT COVERED IN QCR REPORT OR DISAGREEMENTS:			
REMARKS: <i>(Include visitors to project and miscellaneous remarks pertinent to work)</i>			
SAFETY: <i>(Include any infractions of approved safety plan, safety manual or instructions from Government personnel. Specify corrective action taken.)</i>			
QA REPRESENTATIVES SIGNATURE	DATE	SUPERVISOR'S INITIALS	DATE